



**MARICOPA COUNTY ENVIRONMENTAL SERVICES DEPARTMENT**  
 AIR QUALITY DIVISION  
 1001 North Central Avenue  
 Phoenix, Arizona 85004  
 (602) 506-6094 FAX (602) 506-6985 Web Site: www.maricopa.gov/sbeap

**APPLICATION FOR A PERMIT TRANSFER**

*(As required by A.R.S. §49-483 and Maricopa County Air Pollution Control Regulations, Rule 200, Section 404)*

**INSTRUCTIONS**

Use this form to transfer a current air quality permit from one person to another. Submit the completed application to the Maricopa County Environmental Services Department (MCESD), Air Quality Division before the effect date of transfer. Respond to each of the following items. Attach additional documents where required.

1. EXISTING PERMIT NUMBER _____	EXPIRATION DATE _____		
2. EXISTING BUSINESS NAME: _____ AND ADDRESS OF SITE IN MARICOPA COUNTY _____  (STREET) _____  (CITY) _____ AZ ZIP CODE _____			
3. CURRENT PERMIT HOLDER: NAME _____  ADDRESS _____  CITY _____ STATE _____ ZIP CODE _____  PHONE: ( ) _____ FAX: ( ) _____ E-MAIL: _____			
4. Person (the New Permittee) to receive permit (provide the legal name of corporation, partnership or other entity, as applicable):  NAME _____ - ADDRESS _____ - CITY _____ STATE _____ ZIP CODE _____  PHONE: ( ) _____ FAX: ( ) _____ E-MAIL: _____			
5. NEW BUSINESS NAME: (IF DIFFERENT FROM THE EXISTING BUSINESS NAME) _____			
6. Check <input type="checkbox"/> if identical to the equipment listed under the current permit. If not, provide a complete description of the equipment to be transferred. Attach additional sheets if necessary.			
<u>EQUIPMENT</u>	<u>MAKE &amp; MODEL</u>	<u>HOW MANY</u>	<u>COMMENTS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
7. Submit payment of any fees due, or past due, to MCESD before the approval of the permit transfer. Questions about fees call 602-506-6464.			
8. Attach a summary of the qualifications of each person (the New Permittee) principally responsible for the operation of the source.			
9. Attach a statement by the chief financial officer of the New Permittee that it is financially capable of operating the source in compliance with the law. Include all relevant information that provides the basis for the statement.			
10. Attach a brief description of any action for the enforcement of any federal or state law, rule or regulation, or any county, city or local government ordinance relating to the protection of the environment, instituted against any person employed by the New Permittee and principally responsible for operating the source during the five years preceding the date of application. If there had been no such actions against the New Permittee, a statement to that effect, signed by a responsible official of the new owner should be provided. In lieu of this description, the New Permittee may submit a copy of the certificate of disclosure or 10-K form required under A.R.S 49-109, or a statement that this information has been filed in compliance with A.R.S 49-109.			

**CERTIFICATION BY THE CURRENT PERMIT HOLDER (TRANSFEROR):**

(EFFECTIVE DATE)

I intend to transfer the responsibility, coverage and liability of this permit to the named transferee on \_\_\_\_\_

I certify that the information provided in this application and accompanying documents is true, correct and complete to the best of my knowledge.

SIGNATURE OF OWNER OR RESPONSIBLE OFFICIAL OF BUSINESS \_\_\_\_\_ DATE \_\_\_\_\_

TYPE OR PRINT NAME AND TITLE \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CERTIFICATION BY THE NEW PERMIT HOLDER (TRANSFeree):**

Upon approval of this permit transfer, I will accept full responsibility for the coverage and liability of the permit. I certify that the information provided in this application and accompanying documents is true, correct and complete to the best of my knowledge.

SIGNATURE OF NEW OWNER OR RESPONSIBLE OFFICIAL OF BUSINESS \_\_\_\_\_ DATE \_\_\_\_\_

TYPE OR PRINT NAME AND TITLE \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FOR MCESD USE ONLY:**

<input type="checkbox"/> Business Services REVIEWED BY _____ DATE _____	<input type="checkbox"/> Permit Section, Completeness Determination REVIEWED BY _____ DATE _____		
REVIEWED BY	_____	DATE	_____
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED			
REASON FOR DENIAL	_____ _____ _____		

